



**CREDIT CARD AUTHORIZATION FORM**

REMIT TO:

E-mail: credit@approvedforwarders.com

FAX: (858) 514-8900

I, \_\_\_\_\_ authorize payment of freight charges in the amount

of \$\_\_\_\_\_ to be charged to my: Check One

MasterCard

Visa

\_\_\_\_\_  
**CREDIT CARD NUMBER                      SEC CODE                      EXPIRATION DATE**

<p><b>CREDIT CARD BILLING ADDRESS</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>TELEPHONE NUMBER</b></p> <p>(     ) _____</p>

I understand that Title 49 of the US Code dictates that motor carriers must collect all transportation charges in accordance with their published tariffs. Under federal law, the obligation to collect transportation charges is separate and distinct from the claims handling procedure.

\_\_\_\_\_  
**CUSTOMER SIGNATURE**

\_\_\_\_\_  
**DATE**

**REFERENCE/INVOICE NUMBER(S):** \_\_\_\_\_

▶ **GUAM OFFICE**  
P.O. Box 12788  
Tamuning, GU 96931

▶ **HAWAII OFFICE**  
3005 Ualena Street  
Honolulu, HI 96819

▶ **LOS ANGELES OFFICE**  
12425 Los Nietos Road  
Santa Fe Springs, CA 90670